

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000041988

FILED
Apr 16, 2009
Secretary of State

Entity Name: DERMA SOFT, INC.

Current Principal Place of Business:

FLORIDA BROWARD CITY
415 LESLIE DRIVE
HOLLYWOOD, FL 33009

New Principal Place of Business:

THREE ISLANDS
415 LESLIE DRIVE
HOLLYWOOD, FL 33009

Current Mailing Address:

415 LESLIE DRIVE
HOLLYWOOD, FL 33009

New Mailing Address:

FEI Number: 26-1596183

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAVELL, AL
THREE ISLANDS
415 LESLIE DRIVE
HOLLYWOOD, FL 33009 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CAVELL, AL
Address: 415 LESLIE DR
City-St-Zip: HOLLYWOOD, FL 33009

Title: VD () Delete
Name: ORTIZ, MARIA
Address: 415 LESLIE DR
City-St-Zip: HOLLYWOOD, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AL CAVELL

PD

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date